



# ALABAMA APPLICATION FORM - LIFELINE ASSISTANCE PROGRAM

## Please Read All Instructions Before Completing

Please fill in all information as completely as possible. The information on this application is strictly confidential and will only be used to assess your eligibility for Lifeline Assistance.

Telephone Number or Existing Account #	First Name	Last Name	
Address		City	State
Zip Code	Social Security Number		Date of Birth

**PLEASE CHECK** programs in which you or a dependent in your household currently participate and attach a copy of eligibility documentation:

<input type="checkbox"/>	Federal Public Housing/Section 8	<input type="checkbox"/>	Supplemental Security Income (SSI)
<input type="checkbox"/>	Supplemental Nutrition Assistance Program (SNAP) Formerly Food Stamps	<input type="checkbox"/>	Medicaid
<input type="checkbox"/>	Low Income Home Energy Assistance Program (LIHEAP)	<input type="checkbox"/>	Temporary Assistance for Needy Families (TANF)

If participation is by a dependent in your household, please complete the information below:

Name of Participant (please print)	Signature of Participant or Guardian	Date
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### PLEASE READ AND SIGN THE FOLLOWING:

By signing below, I certify under penalty of perjury that 1) the information contained within this application is true and correct; 2) the telephone service for which I am applying for the Lifeline discount is listed in my name; 3) the address listed is my primary place of residence, not a second home or a business; and 4) I understand and agree that only one Lifeline discount is allowed per household. I can only receive Lifeline discounts from one Telecommunications Provider, and only on one telephone line. I may not receive Lifeline discounts on both a wireline phone and a wireless phone. I understand that receiving Lifeline discounts on more than one telephone line is a violation of federal law and may result in penalties that include losing all of my Lifeline discounts.

If in the future I or a dependent in my household is no longer participating in at least one of the benefits programs (and do not meet any other requirements) that qualifies me or a dependent in my household for Lifeline assistance, I will promptly notify CenturyLink that I or the dependent in my household is no longer eligible for assistance.

I authorize CenturyLink or its duly appointed representative to access any records required to verify my statements herein and to confirm my or a dependent in my household's eligibility for Lifeline assistance. I also authorize social service agency representatives to discuss with and/or provide information to CenturyLink verifying my or a dependent in my household's participation in benefit programs that qualifies us for Lifeline assistance. I understand that completion of this application does not constitute immediate approval for Lifeline assistance. I understand that qualifying for Lifeline assistance may not waive deposit requirements for local telephone service.

By signing below, I acknowledge that providing fraudulent documentation in order to receive assistance is punishable by law.

\_\_\_\_\_

\_\_\_\_\_

Account Holder Signature

Date

Please mail this completed application and any supporting documents to (Original Documents are not returned):

CenturyLink Data Services  
555 Lake Border Drive  
Apopka, FL 32703

Or

Fax to 1-866-810-7530



**Application Checklist – Please provide the following:**

1. Signed and completed Lifeline application.
2. A copy of a program identification card or other social service agency documentation showing current participation.

**Please mail this completed application and any supporting documents to (Original Documents are not returned):**

**CenturyLink Data Services    Or    Fax to 1-866-810-7530  
555 Lake Border Drive  
Apopka, FL 32703**